



Arizona Clover Health Choice PPO (040)—2019 Medical Benefits

Effective Date: 1/1/2019 | Version 1.0

Medical Benefit Description	Clover Health Choice PPO (040) In-Network	Clover Health Choice PPO (040) Out-of-Network
Part D Deductible For Part D Copay information, see page 26.	\$0/year for Part D prescription drugs	\$0/year for Part D prescription drugs
Out-of-Pocket Max	\$2,900/year Does not include prescription drugs or supplemental benefits.	\$2,900/year Does not include prescription drugs or supplemental benefits.
Counties	Pima	
INPATIENT CARE		
Inpatient Hospital Care Includes Substance Abuse and Rehabilitation Services *May require prior authorization	\$250 copay/day Days 1-6 \$0 copay/day Days 7-365 Copay applies per stay.	25% of the cost for each hospital stay
Inpatient Mental Health Care *May require prior authorization Plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental health services provided in a general hospital.	\$250 copay/day Days 1-6 \$0 copay/day Days 7-190 Copay applies per stay.	25% of the cost for each hospital stay

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INPATIENT CARE <i>(continued)</i>		
<p>Skilled Nursing Facility In a Medicare-certified skilled nursing facility</p> <p>*May require prior authorization</p>	<p>\$0 copay/day Days 1-20</p> <p>\$172 copay/day Days 21-100</p> <p>No prior hospital stay is required. Member is covered for 100 days/benefit period.</p>	<p>35% of the cost for each skilled nursing facility stay</p> <p>No prior hospital stay is required. Member is covered for 100 days/benefit period.</p>
<p>Inpatient Ancillary Services</p>	<p>\$0</p>	<p>25% of the cost for inpatient ancillary services</p>
<p>Hospice</p>	<p>Member must receive care from a Medicare-certified Hospice. When enrolled in a hospice program, hospice services and Part A and Part B services related to the terminal prognosis are paid for by Original Medicare, not Clover Health.</p> <p>Clover Health will pay for a consultative visit before selecting a hospice.</p>	<p>Member must receive care from a Medicare-certified Hospice. When enrolled in a hospice program, hospice services and Part A and Part B services related to the terminal prognosis are paid for by Original Medicare, not Clover Health.</p> <p>Clover Health will pay for a consultative visit before selecting a hospice.</p>

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OUTPATIENT CARE		
<p>Physician Services Including doctor office visits for illness/injury</p>	<p>\$0 for each primary care office visit and Outpatient Medical Procedures by a PCP</p> <p>\$25 for each specialist office visit and other Outpatient Medical Procedures by a Specialist</p> <p>Clover recognized PCPs: Family Practice, General Practice, Internal Medicine, OB-GYN, Pediatrician, Geriatric Medicine, Nurse Practitioners, and Physician Assistants.</p> <p>Copay is taken on facility claim, not the professional claim, if applicable.</p>	<p>35% of the cost for each primary care office visit and Outpatient Medical Procedures by a PCP</p> <p>35% of the cost for each specialist office visit and other Outpatient Medical Procedures by a Specialist</p> <p>Clover recognized PCPs: Family Practice, General Practice, Internal Medicine, OB-GYN, Pediatrician, Geriatric Medicine, Nurse Practitioners, and Physician Assistants.</p> <p>Coinsurance is taken on the both facility claim and the professional claim, if applicable.</p>
<p>Home Health Care Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.</p> <p>*May require prior authorization</p>	<p>\$0 for all Medicare covered home health visits and home therapy sessions</p>	<p>35% of the cost for all Medicare covered home health visits and home therapy sessions</p>
<p>Chiropractic Services *May require prior authorization</p>	<p>\$20 for each Medicare covered chiropractic service (manual manipulation of the spine to correct subluxation).</p> <p>Limit to 30 visits/year. No coverage for routine chiropractic services.</p>	<p>35% of the cost for each Medicare covered chiropractic service (manual manipulation of the spine to correct subluxation).</p> <p>Limit to 30 visits/year. No coverage for routine chiropractic services.</p>

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OUTPATIENT CARE <i>(continued)</i>		
<p>Podiatry Services</p>	<p>\$25 for each Medicare covered podiatry visit and podiatry surgery</p> <p>No coverage for routine podiatry services.</p>	<p>35% of the cost for each Medicare covered podiatry visit and podiatry surgery</p> <p>No coverage for routine podiatry services.</p>
<p>Outpatient Rehabilitation Services</p> <p>You pay per visit.</p> <p>*May require prior authorization</p>	<p>\$25 for each Medicare covered Physical Therapy session</p> <p>Limit to \$2,040 per year combined with Speech Therapy.</p> <p>\$25 for each Medicare covered Occupational Therapy session</p> <p>Limit to \$2,040 per year.</p> <p>\$25 for each Medicare covered Speech/Language Therapy session</p> <p>Limit to \$2,040 per year combined with Physical Therapy.</p> <p>\$25 for each Medicare covered Cardiac Rehab session, Intensive Cardiac Rehab service, Pulmonary Rehab session, SET Therapy session, and for other Medicare covered therapy sessions</p> <p>Cardiac Rehab: Limit to 36 sessions per year. Intensive Cardiac Rehab: Limit to 72 sessions per year. Pulmonary Rehab: Limit to 36 sessions per year. SET Therapy: Limit to 36 sessions over a 12-week period.</p>	<p>35% of the cost for each Medicare covered Physical Therapy session</p> <p>Limit to \$2,040 per year combined with Speech Therapy.</p> <p>35% of the cost for each Medicare covered Occupational Therapy session</p> <p>Limit to \$2,040 per year.</p> <p>35% of the cost for each Medicare covered Speech/ Language Therapy session</p> <p>Limit to \$2,040 per year combined with Physical Therapy.</p> <p>35% of the cost for each Medicare covered Cardiac Rehab session, Intensive Cardiac Rehab service, Pulmonary Rehab session, SET Therapy session, and for other Medicare covered therapy sessions</p> <p>Cardiac Rehab: Limit to 36 sessions per year. Intensive Cardiac Rehab: Limit to 72 sessions per year. Pulmonary Rehab: Limit to 36 sessions per year. SET Therapy: Limit to 36 sessions over a 12-week period.</p>

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OUTPATIENT CARE <i>(continued)</i>		
<p>Outpatient Mental Health Including Partial Hospitalization</p> <p>*May require prior authorization</p>	<p>\$25 for each Medicare covered individual therapy visit, group therapy visit, and mental health services</p> <p>\$25 for each Medicare covered individual therapy visit with a psychiatrist, group therapy visit with a psychiatrist, and mental health services with a psychiatrist</p> <p>\$25 per day for Medicare covered partial hospitalization program services</p>	<p>35% of the cost may apply for each Medicare covered individual therapy visit, group therapy visit, and mental health services</p> <p>35% of the cost may apply for each Medicare covered individual therapy visit with a psychiatrist, group therapy visit with a psychiatrist, and mental health services with a psychiatrist</p> <p>35% of the cost per day for Medicare covered partial hospitalization program services</p>
<p>Outpatient Observation</p>	<p>\$0 if admitted to inpatient from observation; inpatient R&B copay will apply</p> <p>\$120 if admitted to observation through ER</p> <p>\$200 if observation leads to surgery</p> <p>\$120 if discharged home from observation</p>	<p>\$0 if admitted to inpatient from observation; inpatient R&B coinsurance will apply</p> <p>35% of the cost if admitted to observation through ER</p> <p>35% of the cost if observation leads to surgery</p> <p>35% of the cost if discharged home from observation</p>
<p>Outpatient Substance Abuse Care</p> <p>*May require prior authorization</p>	<p>\$25 for each Medicare covered substance abuse service (with or without a psychiatrist)</p>	<p>35% of the cost for each Medicare covered substance abuse service (with or without a psychiatrist)</p>

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OUTPATIENT CARE <i>(continued)</i>		
Ambulatory Surgery *May require prior authorization	\$200 for each Medicare covered visit to an ambulatory surgical center	35% of the cost for each Medicare covered visit to an ambulatory surgical center
Outpatient Surgery & Supplies *May require prior authorization	\$200 for each Medicare covered visit to an outpatient hospital facility \$0 for each Medicare covered visit in an office setting by a PCP, including diagnostic colonoscopy \$25 for each Medicare covered visit in an office setting by a Specialist, including diagnostic colonoscopy	35% of the cost for each Medicare covered visit to an outpatient hospital facility 35% of the cost for each Medicare covered visit in an office setting by a PCP 35% of the cost for each Medicare covered visit in an office setting by a Specialist
Anesthesia	\$0 for each Medicare covered anesthesia service	35% of the cost for each Medicare covered anesthesia service
Ambulance Services Medically necessary ambulance services *May require prior authorization	\$220/one-way trip for Medicare covered ambulance transports Copay will not be waived if admitted to the hospital.	\$220/one-way trip for Medicare covered ambulance transports Copay will not be waived if admitted to the hospital.

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OUTPATIENT CARE <i>(continued)</i>		
<p>Emergency Care</p> <p>You may go to any emergency room if you reasonably believe you need emergency care</p>	<p>\$120 for each visit to an Emergency Room</p> <p>\$0 for emergency room visit if admitted to the hospital within 24 hours</p> <p>Plan does not offer World Wide Coverage.</p>	<p>\$120 for each visit to an Emergency Room</p> <p>\$0 for emergency room visit if admitted to the hospital within 24 hours</p> <p>Plan does not offer World Wide Coverage.</p>
<p>Urgently Needed Care</p> <p>This is NOT emergency care.</p>	<p>\$25 for each Medicare covered Urgent Care visit</p> <p>\$0 for each urgent care visit if admitted to the hospital within 24 hours</p>	<p>\$25 for each Medicare covered Urgent Care visit</p> <p>\$0 for each urgent care visit if admitted to the hospital within 24 hours</p>
<p>Durable Medical Equipment (DME) & Supplies</p> <p>Includes wheelchairs, oxygen, etc.</p> <p>*May require prior authorization</p>	<p>20% of the cost for each Medicare covered item</p>	<p>35% of the cost for each Medicare covered item</p>
<p>Prosthetic & Orthotic Devices</p> <p>Includes braces, artificial limbs and eyes, etc.</p> <p>*May require prior authorization</p>	<p>20% of the cost for each Medicare covered prosthetic device or orthotic device</p>	<p>35% of the cost for each Medicare covered prosthetic device or orthotic device</p>

Medical Benefit Description	Clover Health Choice PPO (040) In-Network	Clover Health Choice PPO (040) Out-of-Network
OUTPATIENT CARE <i>(continued)</i>		
<p>Diabetes Self-Monitoring Training and Supplies</p> <p>Includes coverage for glucose monitors, test strips, lancets, screening tests, and self management training</p>	<p>\$0 for Medicare covered Diabetes self-management training</p> <p>Initial Year: up to 10 hours of training within a continuous 12-month period</p> <p>Subsequent Year: up to 2 hours of training each year after the initial year</p> <p>35% of the cost for Medicare-covered Diabetes monitors or strips with HCPCS codes A4253, E0607, E2100, E2101 from a DME supplier</p> <p>\$0 for all other Medicare-covered Diabetes supplies from a DME supplier</p> <p>\$0 of the cost for Johnson & Johnson One-Touch Test Strips & monitors and Roche Diagnostics Accu-Chek Test Strips & monitors when obtained from an in-network pharmacy</p> <p>\$0 for Medicare-covered therapeutic shoes or inserts</p> <p>Limit to 1 pair of diabetic shoes per year. Limit to 3 pairs of diabetic shoe inserts per year.</p>	<p>35% of the cost for Medicare covered Diabetes self-management training</p> <p>Initial Year: up to 10 hours of training within a continuous 12-month period</p> <p>Subsequent Year: up to 2 hours of training each year after the initial year</p> <p>35% of the cost for each Medicare covered Diabetes monitors or strips from a DME supplier</p> <p>35% of the cost for all other Medicare-covered Diabetes supplies from a DME supplier</p> <p>35% of the cost for Medicare covered therapeutic shoes or inserts</p> <p>Limit to 1 pair of diabetic shoes per year. Limit to 3 pairs of diabetic shoe inserts per year.</p>

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OUTPATIENT CARE <i>(continued)</i>		
If a member receives multiple diagnostic tests and therapeutic services (e.g. labs, X-rays, and radiation) at the same location on the same day, only the maximum cost share applies.		
Clinical/Diagnostic Labs *May require prior authorization	Up to \$2 for Medicare-covered clinical/diagnostic lab or pathology service \$0 for venipuncture, transportation, and set up of lab equipment	35% of the cost for each Medicare-covered clinical/diagnostic lab or pathology service 35% of the cost for venipuncture, transportation, and set up of lab equipment
Radiation Therapy *May require prior authorization	20% of the cost for each radiation therapy service	35% of the cost for each radiation therapy service
Radiology/X-Rays	Up to \$30 for each General Radiology/X-ray service \$0 for the transportation & set up of X-Ray equipment	35% of the cost for each General Radiology/X-ray service 35% of the cost for for the transportation & set up of X-Ray equipment
Advanced Radiology Including MRA, MRI, Nuclear Med, PET scans, & CAT Scans *May require prior authorization	Up to \$150 for Advanced Radiology services in an outpatient setting Up to \$40 for Advanced Radiology services in an office setting Limit to 1 per lifetime for PET Beta Amyloid Dementia and Neurodegenerative Disease.	35% of the cost for Advanced Radiology services Limit to 1 per lifetime for PET Beta Amyloid Dementia and Neurodegenerative Disease.

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OUTPATIENT CARE *(continued)*

If a member receives multiple diagnostic tests and therapeutic services (e.g. labs, X-rays, and radiation) at the same location on the same day, only the maximum cost share applies.

Diagnostic Tests—Allergy You pay per visit.	Up to \$2 for Allergy services (includes testing and treatment) from a PCP or specialist	35% of the cost for Allergy services (includes testing and treatment) from a PCP or specialist
Diagnostic Tests—Cardiology *May require prior authorization	Up to \$150 for each Cardiology service in an outpatient setting Up to \$40 for each Cardiology service in an office setting	35% of the cost for each Cardiology service
Diagnostic Tests—Echo *May require prior authorization	Up to \$150 for each Echography service in an outpatient setting Up to \$40 for each Echography service in an office setting	35% of the cost for each Echography service
Diagnostic Tests—EEG *May require prior authorization	Up to \$150 for each EEG service in an outpatient setting Up to \$40 for each EEG service in an office setting	35% of the cost for each EEG service
Diagnostic Tests—EKG	\$0 for each EKG service	35% of the cost for each EKG service

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OUTPATIENT CARE <i>(continued)</i>		
If a member receives multiple diagnostic tests and therapeutic services (e.g. labs, X-rays, and radiation) at the same location on the same day, only the maximum cost share applies.		
Diagnostic Tests—Gastroenterology *May require prior authorization	Up to \$150 for each Gastroenterology service in an outpatient setting Up to \$40 for each Gastroenterology service in an office setting	35% of the cost for each Gastroenterology service
Diagnostic Tests—Other Diagnostic Services *May require prior authorization	Up to \$150 for each Diagnostic service an outpatient setting Up to \$40 for each Diagnostic service in an office setting	35% of the cost for each Diagnostic service
Diagnostic Tests—Pulmonary *May require prior authorization	Up to \$150 for each Pulmonary service in an outpatient setting Up to \$40 for each Pulmonary service in an office setting	35% of the cost for each Pulmonary service
Diagnostic Tests—Sleep Study *May require prior authorization	Up to \$150 for each Sleep Study service an outpatient setting Up to \$40 for each Sleep Study service in an office setting	35% of the cost for each Sleep Study service
Diagnostic Tests—Ultrasound	Up to \$150 for each Ultrasound service in an outpatient setting Up to \$40 for each Ultrasound service in an office setting	35% of the cost for each Ultrasound service

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OUTPATIENT CARE <i>(continued)</i>		
If a member receives multiple diagnostic tests and therapeutic services (e.g. labs, X-rays, and radiation) at the same location on the same day, only the maximum cost share applies.		
Diagnostic Tests—Vascular *May require prior authorization	Up to \$150 for each Vascular service in an outpatient setting Up to \$40 for each Vascular service in an office setting	35% of the cost for each Vascular service
Diagnostic Colonoscopy *May require prior authorization	Up to \$200 for each Diagnostic Colonoscopy in an outpatient setting Up to \$200 for each Diagnostic Colonoscopy in an ASC setting \$25 for each Diagnostic Colonoscopy in an office setting by a specialist	35% of the cost for each Diagnostic Colonoscopy
Diagnostic Bone Mass Measurement	\$0 for each Medicare covered Diagnostic Bone Mass Measurement	35% of the cost for each Medicare covered Diagnostic Bone Mass Measurement
Diagnostic Mammogram Diagnostic Mammogram copay will be waived if there is a Screening Mammogram on the same day.	Up to \$150 for each Medicare covered Diagnostic Mammogram in an outpatient setting Up to \$40 for each Medicare covered Diagnostic Mammogram in an office setting	35% of the cost for each Medicare covered Diagnostic Mammogram
Chemotherapy *May require prior authorization	20% of the cost for each chemotherapy service, chemotherapy drug, and Oncology Service	35% of the cost for each chemotherapy service, chemotherapy drug, and Oncology Service

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OUTPATIENT CARE <i>(continued)</i>		
Surgical Supplies, Splints, and Casts *May require prior authorization	20% of the cost for surgical supplies, dressings, splints & casts when billed on a 1500 by DME supplier or when billed on a hospital claim	35% of the cost for surgical supplies, dressings, splints & casts when billed on a 1500 by DME supplier or when billed on a hospital claim
Blood	Coverage for blood, storage, and administration begins w/ the 1st pint of blood. \$0 per unit of blood for Medicare covered services	Coverage for blood, storage, and administration begins w/ the 1st pint of blood. 35% of the cost per unit of blood for Medicare covered services
Outpatient Part B Drugs & Injectables Covered under Medicare Part B *May require prior authorization	20% of the cost for outpatient Part B Drugs & Injectables, Infusion Therapy, Nebulizer Drugs, and Imaging Agents Limit of 1 per month for B-12 injection. Limit of 1 per lifetime for PET Beta Amyloid Dementia and Neurodegenerative Disease. Limit of 3 per lifetime for Autogous Cellar Immunotherapy.	35% of the cost for outpatient Part B Drugs & Injectables, Infusion Therapy, Nebulizer Drugs, and Imaging Agents Limit of 1 per month for B-12 injection. Limit of 1 per lifetime for PET Beta Amyloid Dementia and Neurodegenerative Disease. Limit of 3 per lifetime for Autogous Cellar Immunotherapy.
Renal Dialysis	20% of the cost for Medicare Covered renal dialysis \$0 for Medicare Covered kidney disease education services 20% of the cost for outpatient dialysis services Limit to 6 sessions (individual or group) per lifetime for Kidney Disease Education.	20% of the cost for Medicare Covered renal dialysis 35% of the cost for Medicare Covered kidney disease education services 20% of the cost for outpatient dialysis services Limit to 6 sessions (individual or group) per lifetime for Kidney Disease Education.

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PREVENTIVE SERVICES		
Abdominal Aortic Aneurysm (AAA) Screening	\$0 for each Abdominal Aortic Aneurysm (AAA) screening Limit to 1 per lifetime.	35% of the cost for each Abdominal Aortic Aneurysm (AAA) screening Limit to 1 per lifetime.
Alcohol Misuse Screening and Counseling	\$0 for each alcohol misuse screening/counseling service Limit to 1 per year for misuse screening, 15 min. Limit to 4 times per year for brief face-to-face counseling, 15 min.	35% of the cost for each alcohol misuse screening/counseling service Limit to 1 per year for misuse screening, 15 min. Limit to 4 times per year for brief face-to-face counseling, 15 min.
Annual Wellness Visit (AWV) This is not the IPPE	\$0 for each annual wellness visit Limit to 1 per year.	35% of the cost for each annual wellness visit Limit to 1 per year.
Bone Mass Measurement Screening	\$0 for each Medicare covered Diagnostic and Preventive Bone Mass Measurement Limit to 1 every 24 months.	35% of the cost for each Medicare covered Diagnostic and Preventive Bone Mass Measurement Limit to 1 every 24 months.
Cardiovascular Screening Blood Tests	\$0 for each Medicare covered cardiovascular disease screening test Limit to 1 every 5 years.	35% of the cost for each Medicare covered cardiovascular disease screening test Limit to 1 every 5 years.

Medical Benefit Description	Clover Health Choice PPO (040) In-Network	Clover Health Choice PPO (040) Out-of-Network
PREVENTIVE SERVICES <i>(continued)</i>		
<p>Colorectal Cancer Screening Exams</p> <p>For people age 50 and older & others at high risk regardless of age</p> <p>Outpatient Surgery copay will be waived if there is a surgical procedure during a screening colonoscopy.</p>	<p>\$0 for each Fecal Occult blood test</p> <p>Limit 1 per year.</p> <p>\$0 for each Flexible Sigmoidoscopy</p> <p>Limit to 1 every 4 years. (If a screening colonoscopy has been performed, Clover may cover a screening flexible sigmoidoscopy only after 10 years.)</p> <p>\$0 for each Screening Colonoscopy</p> <p>Limit to 1 every 24 months at high risk. Limit to 1 every 10 years not at high risk. (For any risk, if a screening flexible sigmoidoscopy has been performed Clover may cover a screening colonoscopy only after 4 years.)</p> <p>\$0 for each Barium Enema</p> <p>Limit to 1 every 24 months at high risk. Limit to 1 every 4 years not at high risk.</p> <p>\$0 for each Colorectal Cancer Screening with Cologuard</p> <p>Limit to 1 per 3 years.</p>	<p>35% of the cost for each Fecal Occult blood test</p> <p>Limit 1 per year.</p> <p>35% of the cost for each Flexible Sigmoidoscopy</p> <p>Limit to 1 every 4 years. (If a screening colonoscopy has been performed, Clover may cover a screening flexible sigmoidoscopy only after 10 years.)</p> <p>35% of the cost for each Screening Colonoscopy</p> <p>Limit to 1 every 24 months at high risk. Limit to 1 every 10 years not at high risk. (For any risk, if a screening flexible sigmoidoscopy has been performed Clover may cover a screening colonoscopy only after 4 years.)</p> <p>35% of the cost for each Barium Enema</p> <p>Limit to 1 every 24 months at high risk. Limit to 1 every 4 years not at high risk.</p> <p>35% of the cost for each Colorectal Cancer Screening with Cologuard</p> <p>Limit to 1 per 3 years.</p>

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PREVENTIVE SERVICES <i>(continued)</i>		
Diabetes Screening Test	<p>\$0 for each Diabetes screening test</p> <p>Limit to 2 per year for beneficiaries diagnosed with pre-diabetes. Limit to 1 screening per year if previously tested but not diagnosed with pre-diabetes, or if never tested.</p>	<p>35% of the cost for each Diabetes screening test</p> <p>Limit to 2 per year for beneficiaries diagnosed with pre-diabetes. Limit to 1 screening per year if previously tested but not diagnosed with pre-diabetes, or if never tested.</p>
Glaucoma Screening	<p>\$0 for each Medicare covered Glaucoma screening test</p> <p>Limit to 1 per year.</p>	<p>35% of the cost for each Medicare covered Glaucoma screening test</p> <p>Limit to 1 per year.</p>
Health & Wellness Education Programs	<p>\$0 for a <i>SilverSneakers</i>® membership</p> <p>To find a <i>SilverSneakers</i>® facility, please visit https://www.silversneakers.com/locations</p>	<p>\$0 for a <i>SilverSneakers</i>® membership</p> <p>To find a <i>SilverSneakers</i>® facility, please visit https://www.silversneakers.com/locations</p>
Smoking Cessation	<p>\$0 for each Medicare covered smoking and tobacco use cessation</p> <p>Limit to 2 cessation attempts per year. Each attempt may include a maximum of 4 intermediate or intensive sessions, with the total annual benefit covering up to 8 sessions per year.</p>	<p>35% of the cost for each Medicare covered smoking and tobacco use cessation</p> <p>Limit to 2 cessation attempts per year. Each attempt may include a maximum of 4 intermediate or intensive sessions, with the total annual benefit covering up to 8 sessions per year.</p>

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PREVENTIVE SERVICES <i>(continued)</i>		
HIV Screening	\$0 for each voluntary HIV screening Limit to 1 per year. Limit to 3 per year... (1) when the diagnosis of pregnancy is known (2) during the third trimester, or (3) at labor if ordered by the physician	35% of the cost for each voluntary HIV screening Limit to 1 per year. Limit to 3 per year... (1) when the diagnosis of pregnancy is known (2) during the third trimester, or (3) at labor if ordered by the physician
Immunizations Flu vaccine, Hepatitis B vaccine & Pneumonia vaccine	\$0 for the administration of each vaccine, for each Medicare covered Flu vaccine, Pneumonia vaccine, Hepatitis B vaccine, and other covered immunizations Limit to 2 Pneumonia vaccines per lifetime.	35% of the cost for the administration of each vaccine, for each Medicare covered Flu vaccine, Pneumonia vaccine, Hepatitis B vaccine, and other covered immunizations Limit to 2 Pneumonia vaccines per lifetime.
Initial Preventive Physical Exam Also known as the "Welcome to Medicare Preventive Visit"	\$0 for the physical exam Limit to 1 per lifetime. Must be furnished no later than 12 months after the effective date of the first Medicare Part B Coverage.	35% of the cost for the physical exam Limit to 1 per lifetime. Must be furnished no later than 12 months after the effective date of the first Medicare Part B Coverage.

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PREVENTIVE SERVICES <i>(continued)</i>		
Intensive Behavioral Therapy	<p>\$0 for each IBT for cardiovascular disease</p> <p>Limit of 1 per year.</p> <p>\$0 for each IBT for obesity service</p> <p>Limit of 22 per year.</p>	<p>35% of the cost for each IBT for cardiovascular disease</p> <p>Limit of 1 per year.</p> <p>35% of the cost for each IBT for obesity service</p> <p>Limit of 22 per year.</p>
Lung Cancer Screening Counseling and Annual Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)	<p>\$0 for each Lung Cancer Screening Counseling</p> <p>\$0 for each Lung Cancer Screening w/ LDCT</p> <p>Limit of 1 per 12 months.</p>	<p>35% of the cost for each Lung Cancer Screening Counseling</p> <p>35% of the cost for each Lung Cancer Screening w/ LDCT</p> <p>Limit of 1 per 12 months.</p>
Screening Mammograms	<p>\$0 for each Medicare covered baseline mammogram</p> <p>Limit to 1 baseline mammogram for women between the ages of 35-39.</p> <p>\$0 for each Medicare covered screening mammogram</p> <p>Limit to 1 screening mammogram every 12 months for women over 40.</p>	<p>35% of the cost for each Medicare covered baseline mammogram</p> <p>Limit to 1 baseline mammogram for women between the ages of 35-39.</p> <p>35% of the cost for each Medicare covered screening mammogram</p> <p>Limit to 1 screening mammogram every 12 months for women over 40.</p>

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Medical Benefit Description	Clover Health Choice PPO (040) In-Network	Clover Health Choice PPO (040) Out-of-Network
PREVENTIVE SERVICES <i>(continued)</i>		
<p>Medical Nutrition Therapy (MNT) For people with diabetes, renal (kidney) disease (but not on dialysis), and after a transplant when referred by a doctor</p>	<p>\$0 for each Medicare covered Medical Nutrition Therapy visit/service</p> <p>Limit to 3 hours of one-on-one counseling in the 1st year, and 2 hours for each subsequent year.</p>	<p>35% of the cost for each Medicare covered Medical Nutrition Therapy visit/service</p> <p>Limit to 3 hours of one-on-one counseling in the 1st year, and 2 hours for each subsequent year.</p>
<p>Pap Smears and Pelvic Exams</p>	<p>\$0 for each Medicare covered pap smear and for each Medicare covered pelvic & breast exam</p> <p>Limit to 1 screening pap and 1 pelvic exam every 12 months for women at high risk or at childbearing age w/ abnormal pap in the past 3 years. Limit to 1 screening pap and 1 pelvic exam every 24 months for all other women.</p>	<p>35% of the cost for each Medicare covered pap smear and for each Medicare covered pelvic & breast exam</p> <p>Limit to 1 screening pap and 1 pelvic exam every 12 months for women at high risk or at childbearing age w/ abnormal pap in the past 3 years. Limit to 1 screening pap and 1 pelvic exam every 24 months for all other women.</p>
<p>Prostate Cancer Screening Exams For men age 50 and older</p>	<p>\$0 for each Medicare covered digital rectal exam (DRE) and for each Medicare covered prostate specific antigen test (PSA)</p> <p>Limit to 1 DRE every 12 months. Limit to 1 PSA every 12 months.</p>	<p>35% of the cost for each Medicare covered digital rectal exam (DRE) and for each Medicare covered prostate specific antigen test (PSA)</p> <p>Limit to 1 DRE every 12 months. Limit to 1 PSA every 12 months.</p>
<p>Routine Physical Exams This is not the IPPE.</p>	<p>No coverage for routine physical exams.</p>	<p>No coverage for routine physical exams.</p>

Medical Benefit Description	Clover Health Choice PPO (040) In-Network	Clover Health Choice PPO (040) Out-of-Network
PREVENTIVE SERVICES <i>(continued)</i>		
Screening for Cervical Cancer with Human Papillomavirus (HPV) Tests	\$0 for each cervical cancer screening with human papillomavirus (HPV) tests Limit to 1 every 5 years.	35% of the cost for each cervical cancer screening with human papillomavirus (HPV) tests Limit to 1 every 5 years.
Screening for Depression	\$0 for each depression screening service Limit to 1 per year, 15 min.	35% of the cost for each depression screening service Limit to 1 per year, 15 min.
Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs	\$0 for each STI/HIBC service Coverage for chlamydia, gonorrhea, syphilis, and Hepatitis B only: Limit to 1 screening per year for chlamydia, gonorrhea, and syphilis in women at increased risk who are not pregnant. Limit to 1 screening per year for syphilis in men at increased risk. Limit up to 2 screenings per pregnancy for chlamydia and gonorrhea in pregnant women who are at increased risk for STIs and continued increased risk for the second screening. Limit to 1 screening per pregnancy for syphilis in pregnant women; up to 2 additional screenings in the third trimester and at delivery if at continued increased risk for STIs. Limit to 1 screening per pregnancy for hepatitis B in pregnant women; 1 additional screening at delivery if at continued increased risk for STIs. Limit up to 2 face-to-face, 20–30 minute, HIBC sessions per year.	35% of the cost for each STI/HIBC service Coverage for chlamydia, gonorrhea, syphilis, and Hepatitis B only: Limit to 1 screening per year for chlamydia, gonorrhea, and syphilis in women at increased risk who are not pregnant. Limit to 1 screening per year for syphilis in men at increased risk. Limit up to 2 screenings per pregnancy for chlamydia and gonorrhea in pregnant women who are at increased risk for STIs and continued increased risk for the second screening. Limit to 1 screening per pregnancy for syphilis in pregnant women; up to 2 additional screenings in the third trimester and at delivery if at continued increased risk for STIs. Limit to 1 screening per pregnancy for hepatitis B in pregnant women; 1 additional screening at delivery if at continued increased risk for STIs. Limit up to 2 face-to-face, 20–30 minute, HIBC sessions per year.

Arizona Clover Health Choice PPO (040)—2019 Medical Benefits

Effective Date: 1/1/2019 | Version 1.0

Medical Benefit Description	Clover Health Choice PPO (040) In-Network	Clover Health Choice PPO (040) Out-of-Network
PREVENTIVE SERVICES <i>(continued)</i>		
Hepatitis C Virus Screening	<p>\$0 for each Hepatitis C screening</p> <p>Limit to 1 per lifetime or 1 per year depending on diagnosis code.</p>	<p>35% of the cost for each Hepatitis C screening</p> <p>Limit to 1 per lifetime or 1 per year depending on diagnosis code.</p>
Medicare Diabetes Prevention Program (MDPP)	<p>\$0 for each MDPP session</p> <p>Limit to 1 year of core and core maintenance sessions followed by up to 1 year of ongoing maintenance sessions. Member must meet weight loss and attendance goals.</p>	<p>\$0 copay for each MDPP session</p> <p>Limit to 1 year of core and core maintenance sessions followed by up to 1 year of ongoing maintenance sessions. Member must meet weight loss and attendance goals.</p>

Medical Benefit Description	Clover Health Choice PPO (040) In-Network	Clover Health Choice PPO (040) Out-of-Network
ADDITIONAL SERVICES		
Dental Services	<p>\$0 for each Non-Medicare covered Preventive Dental service when received from a DentaQuest provider.</p> <p>Limit 2 preventive exams per year. Limit 2 preventive cleanings per year. Limit 1 preventive x-ray per year. Limit 2 fluoride treatments per year.</p> <p>\$20 for each Non-Medicare covered Comprehensive Dental service. Plan covers up to \$1,000 per year for Non-Medicare covered comprehensive dental services.</p>	<p>\$0 for each Non-Medicare covered Preventive Dental service when received from a DentaQuest provider.</p> <p>Limit 2 preventive exams per year. Limit 2 preventive cleanings per year. Limit 1 preventive x-ray per year. Limit 2 fluoride treatments per year.</p> <p>\$20 for each Non-Medicare covered Comprehensive Dental service. Plan covers up to \$1,000 per year for Non-Medicare covered comprehensive dental services.</p>
	Contracted rates apply for services from non-participating DentaQuest providers.	
	<p>For more information, call DentaQuest Provider Services at 800-440-3408. To find a provider visit www.dentaquest.com/find-a-provider/cloverdental</p>	<p>For more information, call DentaQuest Provider Services at 800-440-3408. To find a provider visit www.dentaquest.com/find-a-provider/cloverdental</p>

Medical Benefit Description	Clover Health Choice PPO (040) In-Network	Clover Health Choice PPO (040) Out-of-Network
ADDITIONAL SERVICES <i>(continued)</i>		
<p>Hearing Services</p>	<p>\$25 for each Medicare covered diagnostic hearing exam and each Medicare covered audiology service</p> <p>\$0 for a Non-Medicare covered routine hearing exam from a TruHearing provider</p> <p>Limit to 1 routine hearing exam per year.</p> <p>\$699 for each Advanced hearing aid from a TruHearing provider</p> <p>\$999 for each Premium hearing aid from a TruHearing provider</p> <p>Limit to 2 hearing aids per year; 1 per ear per year.</p> <p>To schedule an appointment, call TruHearing at 855-205-5570.</p>	<p>35% of the cost for each Medicare covered diagnostic hearing exam and each Medicare covered audiology service</p> <p>\$0 for a Non-Medicare covered routine hearing exam from a TruHearing provider</p> <p>Limit to 1 routine hearing exam per year.</p> <p>\$699 for each Advanced hearing aid from a TruHearing provider</p> <p>\$999 for each Premium hearing aid from a TruHearing provider</p> <p>Limit to 2 hearing aids per year; 1 per ear per year.</p> <p>To schedule an appointment, call TruHearing at 855-205-5570.</p>

Medical Benefit Description	Clover Health Choice PPO (040) In-Network	Clover Health Choice PPO (040) Out-of-Network
ADDITIONAL SERVICES <i>(continued)</i>		
Vision Services	<p>\$25 for Medicare covered diagnostic exams to diagnose and treat diseases and conditions of the eye. Refraction is covered and will take applicable copay if performed as a stand-alone service.</p> <p>\$0 for Medicare covered post-cataract surgery eyewear. Limit to 1 pair of glasses or contacts after each cataract surgery.</p> <p>\$0 for a Non-Medicare covered routine eye exam (includes refraction) when seen by an EyeQuest provider. Limit to 1 routine eye exam/year.</p> <p>\$100 allowance for supplemental eyewear (frames, lenses and/or contact lenses) per year. Limit to 1 pair of routine eyewear/year</p>	<p>35% of the cost for Medicare covered diagnostic exams to diagnose and treat diseases and conditions of the eye. Refraction is covered and will take applicable coinsurance if performed as a stand-alone service.</p> <p>35% of the cost for Medicare covered post-cataract surgery eyewear. Limit to 1 pair of glasses or contacts after each cataract surgery.</p> <p>\$0 for a Non-Medicare covered routine eye exam (includes refraction) when seen by an EyeQuest provider. Limit to 1 routine eye exam/year.</p> <p>\$100 allowance for supplemental eyewear (frames, lenses and/or contact lenses) per year. Limit to 1 pair of routine eyewear/year</p>

Medical Benefit Description	Clover Health Choice PPO (040) In-Network	Clover Health Choice PPO (040) Out-of-Network
NON-COVERED BENEFITS		
Miscellaneous Non Plan Covered Services	<ul style="list-style-type: none"> • Acupuncture • Athletic Training • Cosmetic Dermatology • Self Administered Drugs (SADS) • Miscellaneous non-covered Items • Bundled Services • Demonstration Projects • Billing Errors • Non Medically Necessary Services • Report Only Codes 	<ul style="list-style-type: none"> • Acupuncture • Athletic Training • Cosmetic Dermatology • Self Administered Drugs (SADS) • Miscellaneous non-covered Items • Bundled Services • Demonstration Projects • Billing Errors • Non Medically Necessary Services • Report Only Codes

Clover Health Choice (PPO) Plan 040

Tiers	30 Day Supply		60 Day Supply		100 Day Supply		CVS Mail
	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	Preferred Pharmacy Network	Non-Preferred Pharmacy Network	CVS Mail Order (100 Day Supply)
Tier 1	\$0	\$5	\$0	\$10	\$0	\$15	\$0
Tier 2	\$7	\$12	\$14	\$24	\$21	\$36	\$14
Tier 3	\$37	\$47	\$74	\$94	\$111	\$141	\$74
Tier 4	\$90	\$100	\$180	\$200	\$270	\$300	\$180
Tier 5	33%	33%	33%	33%	33%	33%	33%

Rx deductible \$0. Service Area: Pima

Stage 1 Annual Deductible	Stage 2 Initial Coverage	Stage 3 Coverage Gap	Stage 4 Catastrophic
Member pays the full cost of drugs until the deductible is met. Once met, the member moves to Stage 2. If there is no Part D deductible, the member begins at Stage 2.	Member pays a copayment or coinsurance and Clover pays our share of the cost for each prescription filled. Once the combined total cost paid by the member and Clover reaches the \$3,820, the member enters Stage 3.	Member pays 25% of the price for brand name drugs (plus a portion of the dispensing fee) and 37% of the price for generic drugs. Once the members True Out-Of-Pocket (TrOOP) cost reaches \$5,100, the member moves to Stage 4.	Member pays the greater of a 5% coinsurance (or \$3.40) for a generic drug or a drug that is treated like a generic, and \$8.50 for all other drugs. Member stays in this stage for the remainder of the plan year.